

ASSET VERIFICATION

To: (Name & Address)

Date _____

Phone # _____

Fax # _____

Applicant/Participant Name: _____ Social Security # _____

The individual named directly above is an applicant/tenant of the Federal Housing Tax Credit Program, Federal regulations require that we must verify income in order that the anticipated gross income for the next twelve months may be calculated. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely, _____

Project Owner/Management Agent

RETURN THIS FORM TO:

In order to comply with the federal regulations requesting verification on all income, assets and allowances for residents of tax credit housing, please complete the following information and return it as soon as possible to the above address in the envelope provided.

TO BE COMPLETED BY THE INSTITUTION MANAGING THE APPLICANT'S ASSETS:

1. Type of Asset(s) (e.g. Stocks, Bonds, Mutual Funds, Life Insurance) _____
2. Life Insurance: Validation Date _____
Whole Life YES ____ NO ____
3. Current Asset Cash Value: _____
4. Number of Units (e.g. shares) Owned: ____ at \$ ____ per unit
5. Gross Annual Dividends/Interest Rate: \$ _____ %
(If varies, please use average dividends/interest rate,
or the rate at the close of business yesterday)
6. Prior Year Income Earned From Asset: \$ _____
7. Costs incurred to Sell the Asset: _____

Signature: _____

Date: _____

Name/Title (please print): _____

Telephone #: _____